# APPLICATION FOR SPECIAL EVENT PERMIT

State Form 55937 (11-15)
Approved by State Board of Accounts, 2015

**INDIANA SECRETARY OF STATE**
**AUTO DEALER SERVICES DIVISION**
302 West Washington Street Room E-018
Indianapolis, IN 46204
Dealers@sos.in.gov
Fax: (317) 233-1915

*INSTRUCTIONS:*

1. *Complete in blue or black ink.*
2. *Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and email.*
3. *Payment of the applicable fee ($250 for an Indiana dealer and $500 for an out-of-state dealer) must be submitted to the Auto Dealer Services Division before a permit may be issued.*
4. *Out-of-state dealers must also submit (1) a copy of the license for each licensed auctioneer conducting the auction; (2) a copy of the dealer's valid license; and (3) zoning approval.*
5. *A completed application must be received by the Auto Dealer Services Division not later than thirty (30) days before the beginning date of the proposed special event.*

## DEALER INFORMATION

| Name of Dealer | Dealer Number | | | |
|---|---|---|---|---|
| Address of Established Place of Business *(number and street)* | City | State | ZIP Code | County |
| Telephone Number ( ) | E-mail Address | | | |

*If Out-of-State Dealer, list the following information for Owners, Officers, or Partners. Attach additional sheets, if necessary.*

| NAME | TITLE | HOME ADDRESS *(number and street, city, state, and ZIP code)* | HOME TELEPHONE NUMBER |
|---|---|---|---|
| | | | |
| | | | |
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## SPECIAL EVENT INFORMATION – ALL DEALERS

| Address of Special Event Location *(number and street)* | City | State | ZIP Code | County |
|---|---|---|---|---|

Type of Special Event *(must choose at least one)*:

☐ The vehicles to be auctioned are all at least fifteen (15) years old

☐ The vehicles to be auctioned are classified as classic, collector, or antique

Duration of Special Event
From _____ (*mm/dd/yyyy*) to _____ (*mm/dd/yyyy*)

| Number of vehicles to be auctioned | Name of Licensed Auctioneer to Conduct Auction | Auctioneer License Number |
|---|---|---|
| | | |

## SPECIAL EVENT INFORMATION – INDIANA DEALERS

*Please read each statement carefully, check each box, and initial after each statement.*

☐ The special event is a vehicle auction to be conducted by the above-named licensed auctioneer. _____ *Initials*

☐ At least one hundred (100) vehicles will be auctioned during this special event. _____ *Initials*

☐ I have not received more than two (2) special event permits within the past twelve (12) months. _____ *Initials*

## SPECIAL EVENT INFORMATION – OUT-OF-STATE-DEALERS

*Please read each statement carefully, check each box, and initial after each statement.*

☐ The special event is a vehicle auction to be conducted by the above-named licensed auctioneer. _____ *Initials*

☐ At least two hundred (200) vehicles will be auctioned during this special event. _____ *Initials*

☐ I have not received more than one (1) special event permit within the past twelve (12) months. _____ *Initials*

## DEALER AFFIRMATION

I hereby certify, under the penalty of perjury, that I am authorized to make this application and that the answers and information contained in this application are true and correct.

| Signature of Owner, Officer, Partner, or Authorized Representative | Printed Name of Owner, Officer, Partner, or Authorized Representative | Date Signed (*mm/dd/yyyy*) |
|---|---|---|
| | | |